

**FCC Form 481 - Carrier Annual Reporting
Data Collection Form**

FCC Form 481
OMB Control No. 3060-0986/OMB Control No. 3060-0819
July 2013

<010>	Study Area Code	351297
<015>	Study Area Name	HEART OF IOWA COMM.
<020>	Program Year	2017
<030>	Contact Name: Person USAC should contact with questions about this data	Bryan Amundson
<035>	Contact Telephone Number: Number of the person identified in data line <030>	6414862211 ext.
<039>	Contact Email Address: Email of the person identified in data line <030>	executive@heartofiowa.coop
	Form Type	54.313 and 54.422

(100) Service Quality Improvement Reporting Data Collection Form	FCC Form 481 OMB Control No. 3060-0986/OMB Control No. 3060-0819 July 2013
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<010>	Study Area Code	351297
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<110>	Has your company received its ETC certification from the FCC?	(yes / no) <input checked="" type="radio"/> <input type="radio"/>
<111>	If your answer to Line <110> is yes, do you have an existing §54.202(a) "5 year plan" filed with the FCC?	(yes / no) <input checked="" type="radio"/> <input type="radio"/>

If your answer to Line <111> is yes, please file a progress report, on line <112> delineating the status of your company's existing § 54.202(a) "5 year plan" on file with the FCC, as it relates to your provision of voice telephony service.

<112> Attach Five-Year Service Quality Improvement Plan or, in subsequent years, your annual progress report filed pursuant to 47 C.F.R. § 54.313(a)(1). If your company is a CETC which only receives frozen support, your progress report is only required to address voice telephony service.

Name of Attached Document

Please select the appropriate responses below (Yes, No, Not Applicable) to confirm that the attached document(s), on line 112, contains a progress report on its five-year service quality improvement plan pursuant to §54.202(a). The information shall be submitted at the wire center level or census block as appropriate.

- <113> Maps detailing progress towards meeting plan targets
- <114> Report how much universal service (USF) support was received
- <115> How much (USF) was used to improve service quality and how support was used to improve service quality
- <116> How much (USF) was used to improve service coverage and how support was used to improve service coverage
- <117> How much (USF) was used to improve service capacity and how support was used to improve service capacity
- <118> Provide an explanation of network improvement targets not met in the prior calendar year.

Yes
Yes
Yes
Yes
Yes
Not Applicable

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<210> For the prior calendar year, were there any reportable voice service outages? No

[illegible]

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**(300) Unfulfilled Service Request
Data Collection Form**FCC Form 481
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<039>	Contact Email Address - Email Address of person identified in data line <030>	executive@heartofiowa.coop

<300> Unfulfilled service request (voice)

0

<310> Detail on attempts (voice)

Name of Attached Document

<320> Unfulfilled service request (broadband)

0

<330> Detail on attempts (broadband)

Name of Attached Document

(400) Number of Complaints per 1,000 customers Data Collection Form	FCC Form 481 OMB Control No. 3060-0986/OMB Control No. 3060-0819 July 2013
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<010>	Study Area Code	351297
<015>	Study Area Name	HEART OF IOWA COOP
<020>	Program Year	2017
<030>	Contact Name - Person USAC should contact regarding this data	Bryan Amundson
<035>	Contact Telephone Number - Number of person identified in data line <030>	6414862211 ext.
<039>	Contact Email Address - Email Address of person identified in data line <030>	executivesheartofiowa.coop
<400>	Select from the drop-down list to indicate how you would like to report voice complaints (zero or greater) for voice telephony service in the prior calendar year for each service area in which you are designated an ETC for any facilities you own, operate, lease, or otherwise utilize. <div>Offered only fixed voice</div>	
<410>	Complaints per 1000 customers for fixed voice	0 . 0
<420>	Complaints per 1000 customers for mobile voice	
<430>	Select from the drop-down list to indicate how you would like to report end-user customer complaints (zero or greater) for broadband service in the prior calendar year for each service area in which you are designated an ETC for any facilities you own, operate, lease, or otherwise utilize. <div>Offered only fixed broadband</div>	
<440>	Complaints per 1000 customers for fixed broadband	0 . 0
<450>	Complaints per 1000 customers for mobile broadband	

**(500) Compliance With Service Quality Standards and Consumer Protection Rules
Data Collection Form**

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<039> Contact Email Address - Email Address of person identified in data line <030>	executive@heartofiowa.coop

<500> Certify compliance with applicable service quality standards and consumer protection rules Yes

<510> Descriptive document for Service Quality Standards & Consumer Protection Rules Compliance 351297ia510.pdf

(600) Functionality in Emergency Situations Data Collection Form	FCC Form 481 OMB Control No. 3060-0986/OMB Control No. 3060-0519 July 2013
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<030> Contact Name - Person USAC should contact regarding this data	Bryan Amundson
<035> Contact Telephone Number - Number of person identified in data line <030>	6414962211 ext.
<039> Contact Email Address - Email Address of person identified in data line <030>	executive@heartofiowa.coop
<600> Certify compliance regarding ability to function in emergency situations	Yes
<610> Descriptive document for Functionality in Emergency Situations	351297ia610.pdf

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[illegible]

(800) Operating Companies Data Collection Form	FCC Form 481 OMB Control No. 3060-0986/OMB Control No. 3060-0819 July 2013
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<039>	Contact Email Address - Email Address of person identified in data line <030>	executive@heartofiowa.coop
<810>	Reporting Carrier	Heart of Iowa Communications Cooperative
<811>	Holding Company	Heart of Iowa Communications Cooperative
<812>	Operating Company	Heart of Iowa Communications Cooperative

[illegible]

(900) Tribal Lands Reporting Data Collection Form	FCC Form 481 OMB Control No. 3060-0986/OMB Control No. 3060-0819 July 2013
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<039> Contact Email Address - Email Address of person identified in data line <030>	executive@heartofiowa.coop

<900> Does the filing entity offer tribal land services? (Y/N) No

<910> Tribal Land(s) on which ETC Serves

<920> Tribal Government Engagement Obligation

Name of Attached Document

If your company serves Tribal lands, please select (Yes,No, NA) for each these boxes to confirm the status described on the attached document(s), on line 920, demonstrates coordination with the Tribal government pursuant to § 54.313(a)(9) includes:

- <921> Needs assessment and deployment planning with a focus on Tribal community anchor institutions.
- <922> Feasibility and sustainability planning;
- <923> Marketing services in a culturally sensitive manner;
- <924> Compliance with Rights of way processes
- <925> Compliance with Land Use permitting requirements
- <926> Compliance with Facilities Siting rules
- <927> Compliance with Environmental Review processes
- <928> Compliance with Cultural Preservation review processes
- <929> Compliance with Tribal Business and Licensing requirements.

Select Yes or No or Not Applicable

**(1000) Voice and Broadband Service Rate Comparability
Data Collection Form**

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<039>	Contact Email Address - Email Address of person identified in data line <030>	executive@heartofiowa.coop

<1000> Voice services rate comparability certification Yes

<1010> Attach detailed description for voice services rate comparability compliance 351297ia1010.pdf

Name of Attached Document

<1020> Broadband comparability certification Yes - Pricing is no more than the most recent applicable benchmark announced by the Wireline Competition Bureau

<1030> Attach detailed description for broadband comparability compliance 351297ia1030.pdf

Name of Attached Document

**(1100) No Terrestrial Backhaul Reporting
Data Collection Form**

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<1100> Certify whether terrestrial backhaul options exist (Y/N)

Yes

<1130> Please select the appropriate response (Yes, No, Not Applicable) to confirm the reporting carrier offers broadband service of at least 1 Mbps downstream and 256 kbps upstream within the supported area pursuant to § 54.313(g).

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**(1200) Terms and Condition for Lifeline Customers
Lifeline
Data Collection Form**

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<039>	Contact Email Address - Email Address of person identified in data line <030>	executive@heartofiowa.coop

351297ia1210.pdf

<1210> Terms & Conditions of Voice Telephony Lifeline Plans

Name of Attached Document

<1220> Link to Public Website

HTTP

"Please check these boxes below to confirm that the attached document(s), on line 1210, or the website listed, on line 1220, contains the required information pursuant to § 54.422(a)(2) annual reporting for ETCs receiving low-income support, carriers must annually report:

- <1221> Information describing the terms and conditions of any voice telephony service plans offered to Lifeline subscribers, ☒
- <1222> Details on the number of minutes provided as part of the plan, ☒
- <1223> Additional charges for toll calls, and rates for each such plan. ☒

(2000) Price Cap Carrier Additional Documentation Data Collection Form <i>Including Rate-of-Return Carriers affiliated with Price Cap Local Exchange Carriers</i>	FCC Form 481 OMB Control No. 3060-0986/OMB Control No. 3060-0819 July 2013
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Select the appropriate responses below (Yes, No, Not Applicable) to note compliance as a recipient of Incremental High Cost support, High Cost support to offset access charge reductions, and Connect America Phase II support as set forth in 47 CFR § 54.313(b),(c),(d),(e). The information reported on this form and in the documents attached below is accurate.

Incremental Connect America Phase I reporting

<2010> 2nd Year Certification 47 CFR § 54.313(b)(1)(i) - Note that for the July 1 2016 certification, this applies to Round 2 recipients of Incremental Support	<input style="width: 100px; height: 20px;" type="text"/>	
<2011> 3rd Year Certification 47 CFR § 54.313(b)(1)(ii) - Note that for the July 1 2016 certification, this applies to Round 1 recipients of Incremental Support	<input style="width: 100px; height: 20px;" type="text"/>	
<2022> Recipient certifies, representing year two after filing a notice of acceptance of funding pursuant to 54.312(c), that the locations in question are not receiving support under the Broadband Initiatives Program or the Broadband Technology Opportunities Program for projects that will provide broadband with speeds of at least 4 Mbps/1Mbps - 54.313(b)(2)(i). Round 2 recipients only.	<input style="width: 100px; height: 20px;" type="text"/>	
<2023> The attachment on line 2024 includes a statement of the total amount of capital funding expended in the previous year in meeting Connect America Phase I deployment obligations, accompanied by a list of census blocks indicating where funding was spent. This covers year two - 54.313(b)(2)(ii). Round 2 recipients only.	<input style="width: 100px; height: 20px;" type="text"/>	
<2024A> Round 2 Recipient of Incremental Support?	<input style="width: 100px; height: 20px;" type="text"/>	<input style="width: 180px; height: 60px;" type="text"/>
<2024B> Attach list of census blocks indicating where funding was spent in year two - 54.313(b)(2)(ii). Round 2 recipients only.	Name of Attached Document Listing Required Information	
<2025A> Round 1 or Round 2 Recipient of Incremental Support?	<input style="width: 100px; height: 20px;" type="text"/>	
<2025B> Attach geocoded Information for Phase I milestone reports (Round 1 for year three and Round 2 for year two) - Connect America Fund , WC Docket 10-90, Report and Order, FCC 13-	Name of Attached Document Listing Required Information	<input style="width: 180px; height: 60px;" type="text"/>
<2015> 2016 and future Frozen Support Certification 47 CFR § 54.313(c)(4)		<input style="width: 100px; height: 20px;" type="text"/>

(2000) Price Cap Carrier Additional Documentation (Continued)

Data Collection Form

Including Rate-of-Return Carriers affiliated with Price Cap Local Exchange Carriers

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Price Cap Carrier Connect America ICC Support {47 CFR § 54.313(d)}

<2016> Certification support used to build broadband

Connect America Phase II Reporting {47 CFR § 54.313(e)}

<2017A> Connect America Fund Phase II recipient?

<2017B> Attach information for Phase II - 54.313(e)(1) - list of geocoded locations already meeting the 54.309 public interest obligations at the end of calendar year 2015 and total amount of Phase II support, if any, the price

Name of Attached Document Listing
Required Information

<2018> Attach the number, names, and addresses of community anchor institutions to which the carrier newly began providing access to broadband service in the preceding calendar year - 54.313(e)(2)(ii)

Name of Attached Document Listing
Required Information

<2019> Recipient certifies that it bid on category one telecommunications and Internet access services in response to all FCC Form 470 postings seeking broadband service that meets the connectivity targets for the schools and libraries universal service support program for eligible schools and libraries located within any area in a census block where the carrier is receiving Phase II model-based support, and that such bids were at rates reasonably comparable to rates charged to eligible schools and libraries in urban areas for comparable offerings - 54.313(e)(2)(v)

<2020> Recipient certifies that it offered broadband meeting the requisite public interest obligations specified in §54.309 to 40% of its supported locations in the state on December 31, 2017 - 54.313(e)(3)

<2021> Recipient certifies that it offered broadband meeting the requisite public interest obligations specified in §54.309 to 60% of its supported locations in the state on December 31, 2018 - 54.313(e)(4)

<2026> Recipient certifies that it offered broadband meeting the requisite public interest obligations specified in §54.309 to 80% of its supported locations in the state on December 31, 2019 - 54.313(e)(5)

<2027> Recipient certifies that it offered broadband meeting the requisite public interest obligations specified in §54.309 to 100% of its supported locations in the state on December 31, 2020 - 54.313(e)(6)

(3005) Rate Of Return Carrier Additional Documentation Data Collection Form	FCC Form 481 OMB Control No. 3060-0986/OMB Control No. 3060-0819 July 2013
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Complete the items below to note compliance with five year service quality plan (pursuant to 47 CFR § 54.202(a)) and, for privately held carriers, ensuring compliance with the financial reporting requirements set forth in 47 CFR § 54.313(f)(2). I further certify that the information reported on this form and in the documents attached below is accurate.

(3009)	Progress Report on 5 Year Plan Carrier certifies to 54.313(f)(1)(iii)	
(3010A)	Milestone Certification {47 CFR § 54.313(f)(1)(i)}	Yes - Attach Certification
(3010B)	Please Provide Attachment	Name of Attached Document Listing Required Information
(3012A)	Community Anchor Institutions {47 CFR § 54.313(f)(1)(iii)}	No - No New Community Anchors
(3012B)	Please Provide Attachment	Name of Attached Document Listing Required Information
(3013)	Is your company a Privately Held ROR Carrier (47 CFR § 54.313(f)(2))	(Yes/No) <input checked="" type="radio"/> <input type="radio"/>
(3014)	If yes, does your company file the RUS annual report	(Yes/No) <input checked="" type="radio"/> <input type="radio"/>
(3015)	Please check these boxes to confirm that the attached PDF, on line 3017, contains the required information pursuant to § 54.313(f)(2) compliance requires: Electronic copy of their annual RUS reports (Operating Report for Telecommunications Borrowers)	<input checked="" type="checkbox"/>
(3016)	Document(s) with Balance Sheet, Income Statement and Statement of Cash Flows	<input checked="" type="checkbox"/>
(3017)	If the response is yes on line 3014, attach your company's RUS annual report and all required documentation	Name of Attached Document Listing Required Information
(3018)	If the response is no on line 3014, is your company audited?	(Yes/No) <input type="radio"/> <input type="radio"/>
(3019)	If the response is yes on line 3018, please check the boxes below to confirm your submission on line 3026 pursuant to § 54.313(f)(2), contains: Either a copy of their audited financial statement; or (2) a financial report in a format comparable to RUS Operating Report for Telecommunications Borrowers	<input type="checkbox"/>
(3020)	Document(s) for Balance Sheet, Income Statement and Statement of Cash Flows	<input type="checkbox"/>
(3021)	Management letter and/or audit opinion issued by the independent certified public accountant that performed the company's financial audit.	<input type="checkbox"/>
(3022)	If the response is no on line 3018, please check the boxes below to confirm your submission on line 3026 pursuant to § 54.313(f)(2), contains: Copy of their financial statement which has been subject to review by an independent certified public accountant; or 2) a financial report in a format comparable to RUS Operating Report for Telecommunications Borrowers	<input type="checkbox"/>
(3023)	Underlying information subjected to a review by an independent certified public accountant	<input type="checkbox"/>
(3024)	Underlying information subjected to an officer certification.	<input type="checkbox"/>
(3025)	Document(s) for Balance Sheet, Income Statement and Statement of Cash Flows	<input type="checkbox"/>
(3026)	Attach the worksheet listing required information	Name of Attached Document Listing Required Information

REDACTED - FOR PUBLIC INSPECTION

LINES 3027-3034

ATTACHMENT REDACTED IN ITS ENTIRETY - CONFIDENTIAL

(4005) Rural Broadband Experiment Additional Documentation
Data Collection Form

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4005 Rural Broadband Experiment

Authorized Rural Broadband Experiment (RBE) recipients must address the certification for public interest obligations, provide a list of newly served community anchor institutions, and provide a list of locations where broadband has been deployed.

Public Interest Obligations – FCC 14-98 (paragraphs 26-29, 78)

Please address Line 4001 regarding compliance with the Commission's public interest obligations. All RBE participants must provide a response to Line 4001.

4001. Recipient certifies that it is offering broadband to the identified locations meeting the requisite public interest obligations consistent with the category for which they were selected, including broadband speed, latency, usage capacity, and rates that are reasonably comparable to rates for comparable offerings in urban areas?

Community Anchor Institutions – FCC 14-98 (paragraph 79)

4003a. RBE participants must provide the number, names, and addresses of community anchor institutions to which they newly deployed broadband service in the preceding calendar year. On this line, please respond (yes – attach new community anchors, no – no new anchors) to indicate whether this list will be provided.

If yes to 4003A, please provide a response for 4003B.

4003b. Provide the number, names and addresses of community anchor institutions to which the recipient newly began providing access to broadband service in the preceding calendar year.

Name of Attached Document Listing Required Information _____

Broadband Deployment Locations – FCC 14-98 (paragraph 80)

4004a. Attach a list of geocoded locations to which broadband has been deployed as of the June 1st immediately preceding the July 1st filing deadline for the FCC Form 481.

Name of Attached Document Listing Required Information _____

4004b. Attach evidence demonstrating that the recipient is meeting the relevant public service obligations for the identified locations. Materials must at least detail the pricing, offered broadband speed and data usage allowances available in the relevant geographic area.

Name of Attached Document Listing Required Information _____

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TO BE COMPLETED BY THE REPORTING CARRIER, IF THE REPORTING CARRIER IS FILING ANNUAL REPORTING ON ITS OWN BEHALF:

Certification of Officer as to the Accuracy of the Data Reported for the Annual Reporting for CAF or LI Recipients	
I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the annual reporting requirements for universal service support recipients; and, to the best of my knowledge, the information reported on this form and in any attachments is accurate.	
Name of Reporting Carrier: HEART OF IOWA COMM.	
Signature of Authorized Officer: CERTIFIED ONLINE	Date 06/28/2016
Printed name of Authorized Officer: Bryan Amundson	
Title or position of Authorized Officer: General Manager	
Telephone number of Authorized Officer: 6414862211 ext.	
Study Area Code of Reporting Carrier: 351297	Filing Due Date for this form: 07/01/2016
Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.	

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Certification - Agent / Carrier Data Collection Form	FCC Form 481 OMB Control No. 3060-0986/OMB Control No. 3060-0819 July 2013
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TO BE COMPLETED BY THE REPORTING CARRIER, IF AN AGENT IS FILING ANNUAL REPORTS ON THE CARRIER'S BEHALF:

Certification of Officer to Authorize an Agent to File Annual Reports for CAF or LI Recipients on Behalf of Reporting Carrier	
I certify that (Name of Agent) _____ is authorized to submit the information reported on behalf of the reporting carrier. I also certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the annual data reporting requirements provided to the authorized agent; and, to the best of my knowledge, the reports and data provided to the authorized agent is accurate.	
Name of Authorized Agent:	
Name of Reporting Carrier:	
Signature of Authorized Officer:	Date:
Printed name of Authorized Officer:	
Title or position of Authorized Officer:	
Telephone number of Authorized Officer:	
Study Area Code of Reporting Carrier:	Filing Due Date for this form:
Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.	

TO BE COMPLETED BY THE AUTHORIZED AGENT:

Certification of Agent Authorized to File Annual Reports for CAF or LI Recipients on Behalf of Reporting Carrier	
I, as agent for the reporting carrier, certify that I am authorized to submit the annual reports for universal service support recipients on behalf of the reporting carrier; I have provided the data reported herein based on data provided by the reporting carrier; and, to the best of my knowledge, the information reported herein is accurate.	
Name of Reporting Carrier:	
Name of Authorized Agent Firm:	
Signature of Authorized Agent or Employee of Agent:	Date:
Name of Authorized Agent Employee:	
Title or position of Authorized Agent or Employee of Agent:	
Telephone number of Authorized Agent or Employee of Agent:	
Study Area Code of Reporting Carrier:	Filing Due Date for this form:
Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.	

REDACTED - FOR PUBLIC INSPECTION

Attachments

REDACTED - FOR PUBLIC INSPECTION

ATTACHMENT - LINE 112

ATTACHMENT REDACTED IN ITS ENTIRETY - CONFIDENTIAL

Line 510 – Service Quality Standards & Consumer Protection Rules Compliance
CERTIFICATION OF HEART OF IOWA COMMUNICATIONS COOPERATIVE

STATE OF IOWA

COUNTY OF HARDIN

I, Bryan Amundson, General Manager, Heart of Iowa Communications Cooperative,
being of lawful age and duly sworn, depose and state:

Heart of Iowa Communications Cooperative, 351297, certify that all federal high-cost support provided to Heart of Iowa Communications Cooperative within Iowa was used in the preceding calendar year [2015] and will be used in the current calendar year [2016] and coming calendar year [2017] only for the provision, maintenance, and upgrading of facilities and services for which the support is intended. In addition, Heart of Iowa Communications Cooperative certifies that it will comply with applicable service quality standards and consumer protection rules, certifies that it is able to maintain a minimum of two hours of backup power to ensure functionality without an external power source, certifies that it is offering a local usage plan comparable to that offered by the ILEC in the relevant service areas, and certifies that it acknowledges that the FCC may require it to provide equal access to long distance carriers in the event that no other eligible carrier is providing equal access within its ETC designated service area. As an eligible telecommunications carrier, Heart of Iowa Communications Cooperative agrees to provide timely responses to Board requests for information related to the status of local voice service markets or facilities.

I further state that I am authorized by Heart of Iowa Communications Cooperative to make this statement.

/s/Bryan Amundson
[authorized officer]

Subscribed and sworn to before me this 20 day of June, 2016

/s/Jenny Pekarek
Notary Public

Line 610 – Functionality in Emergency Situations

CERTIFICATION OF HEART OF IOWA COMMUNICATIONS COOPERATIVE

STATE OF IOWA

COUNTY OF HARDIN

I, Bryan Amundson, General Manager, Heart of Iowa Communications Cooperative,
being of lawful age and duly sworn, depose and state:

Heart of Iowa Communications Cooperative, 351297, certify that all federal high-cost support provided to Heart of Iowa Communications Cooperative within Iowa was used in the preceding calendar year [2015] and will be used in the current calendar year [2016] and coming calendar year [2017] only for the provision, maintenance, and upgrading of facilities and services for which the support is intended. In addition, Heart of Iowa Communications Cooperative certifies that it will comply with applicable service quality standards and consumer protection rules, certifies that it is able to maintain a minimum of two hours of backup power to ensure functionality without an external power source, certifies that it is offering a local usage plan comparable to that offered by the ILEC in the relevant service areas, and certifies that it acknowledges that the FCC may require it to provide equal access to long distance carriers in the event that no other eligible carrier is providing equal access within its ETC designated service area. As an eligible telecommunications carrier, Heart of Iowa Communications Cooperative agrees to provide timely responses to Board requests for information related to the status of local voice service markets or facilities.

I further state that I am authorized by Heart of Iowa Communications Cooperative to make this statement.

/s/Bryan Amundson
[authorized officer]

Subscribed and sworn to before me this 20 day of June, 2016

/s/Jenny Pekarek
Notary Public

REDACTED - FOR PUBLIC INSPECTION

(710) Broadband Price Offerings
Data Collection Form

FCC Form 481
OMB Control No. 3060-0986/OMB Control No. 3060-0819
July 2013

<010>	Study Area Code	351297
<015>	Study Area Name	HEART OF IOWA COMM.
<020>	Program Year	2017
<030>	Contact Name - Person USAC should contact regarding this data	Bryan Amundson
<035>	Contact Telephone Number - Number of person identified in data line <030>	6414862211 ext.
<039>	Contact Email Address - Email Address of person identified in data line <030>	executive@heartofiowa.coop

<711>	<a1>	<a2>	<b1>	<b2>	<c>	<d1>	<d2>	<d3>	<d4>
	State	Exchange (ILEC)	Residential Rate	State Regulated Fees	Total Rates and Fees	Broadband Service - Download Speed (Mbps)	Broadband Service - Upload Speed (Mbps)	Usage Allowance (GB)	Usage Allowance Action Taken When Limit Reached {select}
	IA	Albion	49.95	0.0	49.95	10.0	5.0	999999.0	Other, No limit on usage allowance
	IA	Ferguson	49.95	0.0	49.95	10.0	5.0	999999.0	Other, No limit on usage allowance
	IA	Green Mountain	49.95	0.0	49.95	10.0	5.0	999999.0	Other, No limit on usage allowance
	IA	Haverhill	49.95	0.0	49.95	10.0	5.0	999999.0	Other, No limit on usage allowance
	IA	Laurel	49.95	0.0	49.95	10.0	5.0	999999.0	Other, No limit on usage allowance
	IA	Liscomb	49.95	0.0	49.95	10.0	5.0	999999.0	Other, No limit on usage allowance
	IA	New Providence	49.95	0.0	49.95	10.0	5.0	999999.0	Other, No limit on usage allowance
	IA	Union	49.95	0.0	49.95	10.0	5.0	999999.0	Other, No limit on usage allowance
	IA	Conrad	49.95	0.0	49.95	10.0	5.0	999999.0	Other, No limit on usage allowance
	IA	Conrad	49.95	0.0	49.95	10.0	1.0	999999.0	Other, No limit on usage allowance
	IA	Eldora	49.95	0.0	49.95	10.0	1.0	999999.0	Other, No limit on usage allowance
	IA	Steamboat Rock	49.95	0.0	49.95	10.0	1.0	999999.0	Other, No limit on usage allowance
	IA	Albion	69.95	0.0	69.95	20.0	10.0	999999.0	Other, No limit on usage allowance
	IA	Ferguson	69.95	0.0	69.95	20.0	10.0	999999.0	Other, No limit on usage allowance
	IA	Green Mountain	69.95	0.0	69.95	20.0	10.0	999999.0	Other, No limit on usage allowance
	IA	Haverhill	69.95	0.0	69.95	20.0	10.0	999999.0	Other, No limit on usage allowance
	IA	Laurel	69.95	0.0	69.95	20.0	10.0	999999.0	Other, No limit on usage allowance
	IA	Liscomb	69.95	0.0	69.95	20.0	10.0	999999.0	Other, No limit on usage allowance
	IA	New Providence	69.95	0.0	69.95	20.0	10.0	999999.0	Other, No limit on usage allowance
	IA	Union	69.95	0.0	69.95	20.0	10.0	999999.0	Other, No limit on usage allowance
	IA	Conrad	69.95	0.0	69.95	20.0	10.0	999999.0	Other, No limit on usage allowance

REDACTED - FOR PUBLIC INSPECTION

(710) Broadband Price Offerings Data Collection Form	FCC Form 481 OMB Control No. 3060-0986/OMB Control No. 3060-0819 July 2013
---	--

<010>	Study Area Code	351297
<015>	Study Area Name	HEART OF IOWA COMM.
<020>	Program Year	2017
<030>	Contact Name - Person USAC should contact regarding this data	Bryan Amundson
<035>	Contact Telephone Number - Number of person identified in data line <030>	6414862211 ext.
<039>	Contact Email Address - Email Address of person identified in data line <030>	executive@heartofiowa.coop

[illegible]

REDACTED - FOR PUBLIC INSPECTION

(800) Operating Companies Data Collection Form	FCC Form 481 OMB Control No. 3060-0986/OMB Control No. 3060-0819 July 2013
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<010>	Study Area Code	351297
<015>	Study Area Name	HEART OF IOWA COMM.
<020>	Program Year	2017
<030>	Contact Name - Person USAC should contact regarding this data	Bryan Amundson
<035>	Contact Telephone Number - Number of person identified in data line <030>	6414862211 ext.
<039>	Contact Email Address - Email Address of person identified in data line <030>	executive@heartofiowa.coop
<810>	Reporting Carrier	Heart of Iowa Communications Cooperative
<811>	Holding Company	Heart of Iowa Communications Cooperative
<812>	Operating Company	Heart of Iowa Communications Cooperative

[illegible]

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Line 1010 – Voice Services Rate Comparability Compliance

Voice Services Rate Comparability Compliance

Heart of Iowa Communications Cooperative's retail monthly residential local service rate is \$22.50.

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Line 1030 Broadband Comparability Compliance

Broadband Comparability Compliance

Heart of Iowa Communications Cooperative's retail monthly broadband rate for 10 Mbps download and 1 Mbps upload with unlimited usage is \$49.95, which is below the benchmark rate of \$75.20.

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Lifeline Assistance Available for Telephone Service

Lifeline assistance is available to low-income residents that subscribe to Heart of Iowa Communications Cooperative's telephone service. Eligible subscribers will receive a \$9.25 deduction off their monthly telephone bill. To better understand this program, please read the following.

- Lifeline is a government assistance program.
- Discount applies to lifeline supported service.
- Only eligible subscribers may enroll.
- Documentation of program or income eligibility is required prior to enrollment.
- Program is limited to one wireline or wireless discount per household.
- Assistance is non-transferable.
- False statement made on the certification form can be punished by fine, imprisonment or banned from program.

If you receive assistance from any of the following programs: Medicaid, Supplemental Nutrition Assistance Program (SNAP), Supplemental Security Income (SSI), Federal Public Housing Assistance – Section 8, Low-Income Home Energy Assistance Program (LIHEAP), Temporary Assistance for Needy Families (TANF), National School Lunch Program (NSL) Free Lunch Program or your income is at or below 135% of the Federal Poverty Guidelines, then you are eligible to apply.

Telephone service options for Lifeline eligible consumers include:

1. Basic service, consisting of Single Party, Voice Grade Residential Service including local usage at \$16.00 per month and the Federal Subscriber Line Charge – Single Line at \$6.50 per month (total of \$22.50 per month), or
2. Unlimited FREEdom package, which includes basic service, voicemail, caller ID, conference calling plus unlimited calling to anywhere in the 48 contiguous states for \$37.95 per month.

Toll blocking or toll restriction services are also available at no charge for eligible consumers.

Toll calls are at \$.14 per minute with no monthly charge. Calls to other Heart of Iowa customers are free with this toll plan.

For further details and a program application, please visit any Heart of Iowa Communications Cooperative office location, www.heartofiowa.coop or call 641-486-2211.

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Line 3010 – Milestone Certification (47 CFR § 54.313(f)(1)(i))

Milestone Certification

CERTIFICATION OF HEART OF IOWA COMMUNICATIONS COOPERATIVE

STATE OF IOWA

COUNTY OF HARDIN

I, Bryan Amundson, General Manager, Heart of Iowa Communications Cooperative,
being of lawful age and duly sworn, depose and state:
Heart of Iowa Communications Cooperative, 351297, pursuant to 47 CFR § 54.313(f)(1)(i)
certifies that it has taken reasonable steps and is able to provide broadband service at actual
speeds of at least 10 Mbps downstream/1 Mbps upstream for all exchanges, with latency
suitable for real-time application, including Voice over Internet Protocol, and usage capacity
reasonably comparable to urban areas. Further, it certifies that requests for broadband service
are met in a reasonable amount of time.

I further state that I am authorized by Heart of Iowa Communications Cooperative to
make this statement.

/s/Bryan Amundson

[authorized officer]

Subscribed and sworn to before me this 20 day of June, 2016

/s/Jenny Pekarek

Notary Public

REDACTED - FOR PUBLIC INSPECTION

ATTACHMENT - LINE 3017

ATTACHMENT REDACTED IN ITS ENTIRETY - CONFIDENTIAL